

State of Tennessee
Department of Children's Services
7th Floor Cordell Hull Building
436 6th Avenue North
Nashville, TN 37243-1290
1-800-600-4999 or 532-4999 in Nashville area

Standard Claim Invoice Instructions
For TRUST FUNDS Personal Needs Allowance Purchases

Version 1 - Former Claim Form 11 Now Standard Claim Invoice

This service must be pre-authorized by the Director of Fiscal Services.

- **Form must be typed.**
- **Vendor Name** = The name of the person or business that will receive payment.
- **Vendor Address** = The address of the person or business that will receive payment.
- **City** = The name of the city where the person or business is located that will receive payment.
- **State** = The state where the person or business is located that will receive payment.
- **Zip** = The zip code where the person or business is located that will receive payment.
- **Vendor Tax ID** = The 12 digit tax ID which includes prefix & suffix. This tax ID must match the tax ID on STARS (State of Tennessee Accounting and Reporting System) for the address listed on the invoice. If you do not know your prefix and/or suffix, please call 1-800-600-4999 or 532-4999 in the Nashville area and leave a message with the operator and someone will call you back with the information.
- **Provider Code** = Must be one of the following two digit codes:

TP = Trust PNA – Non Clothing

TD = Trust Dedicated – Non Clothing

CP = Trust PNA – Clothing

CD = Trust Dedicated - Clothing
- **Contract Number** = Authorization Number
- **Rate** = The rate must match or be less than the total amount of the authorization.
- **“This for Expires on”** = Date obtained from the authorization
- **Vendor Signature** = an original signature is required from the vendor before any payment can be made.

- **Print Name** = The printed name of the person signing the vendor signature.
- **Date Signed** = The date in MM/DD/YY format, including slashes, that the vendor signature was obtained.
- **Phone** = The phone number including area code of the person signing the vendor signature.
- **Service Provider** = The Service Provider is blank
- **Total Amount of All Pages** = This amount must equal the total of all pages that make up this invoice. Generally this type of invoice will only be one page.
- **Last Name** = Child's last name for whom the goods and/or services were provided.
- **First Name** = Child's first name for whom the goods and/or services were provided.
- **MI** = Child's middle initial for whom the goods and/or services were provided.
- **Child SSN** = Child's social security number for whom the goods and/or services were provided.
- **Birth Date** = Child's birth date for whom the goods and/or services were provided. This must be MM/DD/YY format including slashes.
- **Sex** = Child's sex code **M** or **F** (male or female) for whom the goods and/or services were provided.
- **Proc Code** = The appropriate procedure code from **Attachment A** to be used for the goods or services being billed.
- **Allot Code** = The appropriate procedure code from **Attachment A** to be used for the goods or services received.
- **County Code** = The two digit county code of the actual county where the goods were purchased or where the services were performed.

County Code Table

01 Anderson	21 Dekalb	41 Hickman	61 Meigs	81 Stewart
02 Bedford	22 Dickson	42 Houston	62 Monroe	82 Sullivan
03 Benton	23 Dyer	43 Humphreys	63 Montgomery	83 Sumner
04 Bledsoe	24 Fayette	44 Jackson	64 Moore	84 Tipton
05 Blount	25 Fentress	45 Jefferson	65 Morgan	85 Trousdale
06 Bradley	26 Franklin	46 Johnson	66 Obion	86 Unicoi
07 Campbell	27 Gibson	47 Knox	67 Overton	87 Union
08 Cannon	28 Giles	48 Lake	68 Perry	88 Van Buren
09 Carroll	29 Grainger	49 Lauderdale	69 Pickett	89 Warren
10 Carter	30 Greene	50 Lawrence	70 Polk	90 Washington
11 Cheatham	31 Grundy	51 Lewis	71 Putnam	91 Wayne
12 Chester	32 Hamblen	52 Lincoln	72 Rhea	92 Weakley
13 Claiborne	33 Hamilton	53 Loudon	73 Roane	93 White
14 Clay	34 Hancock	54 McMinn	74 Robertson	94 Williamson
15 Cocke	35 Hardeman	55 McNairy	75 Rutherford	95 Wilson
16 Coffee	36 Hardin	56 Macon	76 Scott	99 Out of State
17 Crockett	37 Hawkins	57 Madison	77 Sequatchie	
18 Cumberland	38 Haywood	58 Marion	78 Sevier	
19 Davidson	39 Henderson	59 Marshall	79 Shelby	
20 Decatur	40 Henry	60 Maury	80 Smith	

- **CFA Y/N** = A "collective fund account" (CFA) is an account that accumulates funds when a child in state custody receives SSI, SSA, or some other benefit. The account balance must be verified with the Central Office Trust

Accounting Section to determine there are adequate funds in the child's account before any goods or services are obtained. **This type of claim will always have a Y in the CFA funds box.**

- **Vendor Invoice #** = The vendor's invoice number for goods and or services purchased.
- **Service Start Date** = The date goods were purchased or the date a service started. This must be MM/DD/YY format including slashes
- **Service End Date** = The date goods were purchased or the date a service ended. This must be MM/DD/YY format including slashes. Note: both the service start date and the service end date must be completed even if they are the same date.
- **Unit** = is always 1.
- **Amount** = The amount billed must equal the amount on the vendors invoice. These amounts may not exceed established guidelines for these goods and services.
- **Page __ of __** = The first blank equals the current page number and the second blank equals the total number of pages in the invoice.
- **Page Total** = The page total must equal the sum of the amount column.
- **DCS Case Manager** = The signature of the case manager authorizing this payment.
- **Date** = The date the case manager signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case manager authorizing this payment.
- **Phone** = The daytime phone number of the case manager authorizing this payment.
- **DCS Case Supervisor** = The signature of the case supervisor authorizing this payment.
- **Date** = The date the case supervisor signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the case manager authorizing this payment.
- **Print Name** = The printed name of the case supervisor authorizing this payment.
- **Phone** = The daytime phone number of the case supervisor authorizing this payment.
- **DCS Case Signature** = ***Central office approving signature from the Receivables section is a mandatory.*** Fiscal will obtain this signature.
- **Date** = The date the person in central office signed authorizing this payment. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person in central office authorizing this payment.
- **Print Name** = The printed name of person in central office authorizing this payment.
- **Phone** = The daytime phone number of the person in central office authorizing this payment.

- **Pre-Audit** = The signature of the person performing the pre-audit.
- **Date** = The date the person performed the pre-audit. Must be in MM/DD/YY format including slashes.
- **Position #** = The complete 18 digit position number of the person performing the pre-audit.
- **Print Name** = The printed name of person performing the pre-audit.
- **Phone** = The daytime phone number of the person performing the pre-audit.

Attachment A

Proc Code	Description	Funds	Allot Code	Provider Code
700	PNA Non-clothing	SSA/SSI	90	TP
701	PNA Non-clothing	Veteran Admin	90	TP
702	PNA Non-clothing	Railroad	90	TP
703	PNA Non-clothing	Coalminers	90	TP
704	Dedicated Non-clothing	SSI	95	TD
705	PNA Clothing	SSA/SSI	90	CP
706	PNA Clothing	Veteran Admin	90	CP
707	PNA Clothing	Railroad	90	CP
708	PNA Clothing	Coalminers	90	CP
709	Dedicated Clothing	SSI	95	CD

The following forms must accompany the Standard Claim Invoice for this service:

TRUST FUNDS BENEFIT PURCHASE AUTHORIZATION (Will be within the Trust PNA website)

CLOTHING PURCHASE AUTHORIZATION (CS-0540 on DCS Intranet under Templates)

VENDOR RECEIPTS (Signed by the child or the Foster Parent if child cannot sign)